SIAIL OF HAWAII

TILING FEE \$25.00 Case 1:04-ODEDARZAMENTK OF DOMMMERICES AND CONSUMER SATIONAL PRINCIPLE FOR LATE FILING BUSINESS REGISTRATION DIVISION

VMZ

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

ESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 2001 CORPORATE NAME AND MAILING ADDRESS:

> SHINKO (MILILANI) CO., LTD. KUAHELANI AVE MILILANI HI 96789

If above mailing address has changed, line out and print change to the right. If address of principal office differs from the above mailing address, state the address of the principal office. Number, Street, City, State and Zip Code:_

AUTHORIZED CAPITAL

CLASS COMMON

NUMBER 20,000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED) CLASS COMMON

NUMBER

10,998

To correct the above capital(s), line out and print the correct class and numbers on the right. 2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

Street address of the registered office in Hawaii and the name of the registered agent at that address. (See reverse for instructions.) (If any change, line out and print change on the right.)

4		FICERS/DIRECTORS:	(List all officers and directors	. To correct, 1	ine out and print correcti	ions on the right. S	CD TEV	rector i	nationa
A		CE HELD! NAME IN FUL	ц.	ADDRESS	(INCLUDE CITY, STATE	& ZIP CODE)	77 77 7 24 23 6	걸족	6
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	ζD		•		SEIJD SETAGAYA-KU] •
Wa≮th	Y D	KINOSHITA KINOSHITA	SATOSHI	1139 MA	undesa br Kaiwa st	DEL MAR HONOLUL			* *
S.		FUKUDA,TSI			NAKAMURA NERIMA-K Wainaku Pl	U TOKYO J		06780	<u></u>
D		MUKAI, FRAI	NKLIN	1140 WA	IHOLO ST	HONOLUL	υĤΙ	96821	
A'		Saito, M		95-204	Hokulea Pl.	Milila	ni.	HI	96789
V	//	D Kinoshi	ta, Takeshi	3-7, Ka	anda-Ogawamac	hi Tokyo	101	Japa	an

Chiyoda-Ku

NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.)

CERTIFICATION

I certify under the penalties of Section 414-20, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

C/VMZ

DATE: Feb. 22, 2002

Mikiya Saito **Print Name**

Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)

FILE NO.0065719D1 Rev. 1/2002

File this original (SEE REVERSE SIDE FOR INSTRUCTIONS)

B17 B22 2001



I HEREBY CERTIFY that this is a true and correct copy of the official record(s) of the Business Registration Division.

ALE. Rechtenwald

DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS

vember 18,0005